



MORTGAGE DIVISION GEORGIA DEPARTMENT OF BANKING AND FINANCE

NOTIFICATION FORM

INFORMATION AND INSTRUCTIONS

O.C.G.A. Section 7-1-1001(2) requires a wholly owned subsidiary of a financial institution, as defined in O.C.G.A. Section 7-1-1001(1), to notify the Department if the subsidiary is engaged in mortgage activities governed by the Georgia Residential Mortgage Act. O.C.G.A. Section 7-1-1003.4 establishes the requirements for notification. This form complies with the requirements of O.C.G.A. Section 7-1-1003.4 and should be submitted by all wholly owned subsidiaries of a financial institution wishing to conduct Georgia residential mortgage business.

This form must be updated as information changes, or registration will be required [O.C.G.A 7-1-1003.4 (b), 7-1-1003.3].

If you are providing information for more than one subsidiary or need to provide additional information and documents, please use an additional copy of this form or provide the documents or information on 8-1/2" by 11 paper.

The Notification Form is attached as a part of these instructions. The form **MUST** be signed by the Authorized Official of each subsidiary as noted. Please send this information to:

Georgia Department of Banking and Finance
Mortgage Division
2990 Brandywine Road, Suite 200
Atlanta, GA 30341

Or, you may fax a copy to:
MORTGAGE DIVISION
770/986-1029

Georgia Department of Banking and Finance



NOTIFICATION FORM

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Subsidiary Information

Name of Subsidiary:

Main Office Address:

Address:

City:

County:

State:

Zip:

Phone #:

Fax #:

E-Mail Address:

Website:

Names (d/b/a or trade names) under which business will be conducted in Georgia-include website:

Name:

Name:

Name:

Name:

Parent Company Information

Name:

Federal Regulator:

Federal Certificate Number:

Main Office Address:

Address:

City:

County:

State:

Zip:

Phone #:

Fax #:

E-Mail Address:

Website:

Consumer Inquiries/Complaint Contact Information

Consumer Inquiries/Complaint Contact:

Address:

Address:

City:

County:

State:

Zip:

Phone #:

Fax #:

E-Mail Address:

Website:

Registered Agent For Service Of Process Information – **MUST BE A GEORGIA ADDRESS**

Name:

Main Office Address:

Address:

City:

County:

State: **GEORGIA**

Zip:

Phone #:

Fax #:

E-Mail Address:

Website:

Georgia Department of Banking and Finance



NOTIFICATION FORM

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Authorization

Print Name:

Title:

of (Subsidiary):

I certify that the Georgia Department of Banking and Finance will be promptly notified of any changes in the above information and understand that failure to maintain current information on file with the Georgia Department of Banking and Finance will subject Subsidiary to the registration requirements of O.C.G.A. Section 7-1-1003.3 and I do hereby assure the Georgia Department of Banking and Finance that Subsidiary will receive and process consumer inquiries and complaints promptly, fairly, and in compliance with all applicable Georgia and federal laws.

(O.C.G.A. Section 7-1-1003.4 requires signature by President or Chief Executive Officer)

Signature of Applicant:

Date: